

TRIPURA GAZETTE

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Agartala, Wednesday, June 3, 2020 A. D. Jyaistha 13, 1942 S. E.

PART -- II Advertisements and Notices

**BEFORE THE NOTARY PUBLIC
AT AGARTALA, TRIPURA WEST.**

Annexure-I

**AFFIDAVIT FOR TRIPURA STATE GOVERNMENT EMPLOYEE FOR
CHANGE OF NAME/SURNAME.**

BY THIS AFFIDAVIT I, the undersigned **SMT DIPTI DEBNATH (SHIB) W/O. Sri Sunil Chandra Shib, Lately called SMT DIPTI DEBNATH**, (Former name) employed as **Stuff Nurse**, under Health and Family Welfare Department, (Designation of the post held at the time of the Govt. Servant) at I.G.M. Hospital, Agartala, West Tripura, (place where employed in the Department/Office of the State Government) do hereby:-

1. Wholly renounce, relinquish and abandon the use of my former name/surname of **SMT DIPTI DEBNATH** and in place thereof I do hereby, assume from this date the name/surname **SMT DIPTI DEBNATH (SHIB)** so that I and my wife, children and remitter issue may hereafter be called, known and distinguished not by my former name/surname, but assumed name/surname of **SMT DIPTI DEBNATH (SHIB)**.

2. For the purpose of evidencing such my determination declare that I shall at all times hereafter in all records, deeds and writings and in all proceedings, dealings and transactions, private as well as public and upon all occasions whatsoever use and sign the name surname **SMT DIPTI DEBNATH (SHIB)** as my name in place of and in substitution for my former name/surname.

3. Expressly authorize and request all persons in general and relatives and friends in particular, at all times hereafter to designate and address me, my wife, my children and remitter issue by such assumed name/surname of **SMT DIPTI DEBNATH (SHIB)**.

4. IN WITNESS WHEREOF I have hereunto subscribed my former and adopted name of **SMT DIPTI DEBNATH and SMT DIPTI DEBNATH (SHIB)** affixed my signature & seal, if any, this 28th day of May, 2020.

Dipti Debnath (Shib)

Old Signature- *Dipti Deb Nath*
New Signature- *Dipti Deb Nath (Shib)*

28 MAY 2020

Signed sealed and delivered by the above name.....
Formerly.....

Witnesses-1

Witnesses -2

In the presence of -

In the presence of -

Name- *Sukari D/Lma*

Name *Chandana Sankar*

Designation *Staff Nurse*

Designation *Staff Nurse*

Official Address-
(with Rubber Stamp)

Official Address-
(with Rubber Stamp)

*Bonded Chalk only
scr.*

28/05/2020
DIRECTOR,
PUBLIC HEALTH,
AGARTALA, WEST TRIPURA
Regd. No. 37 of 2017